

Case Number:	CM14-0009133		
Date Assigned:	02/14/2014	Date of Injury:	05/30/1997
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified Neurologist, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female who reported an injury on 05/30/1997 due to a slip and fall. The injured worker reportedly sustained an injury to the low back. The injured worker was evaluated on 08/26/2013. It was documented that the injured worker had constant severe low back pain. The injured worker's treatment plan included physical therapy. The injured worker had previously been evaluated on 06/05/2013. It was documented that the injured worker was diagnosed with multiple sclerosis. It was documented that the injured worker was prescribed Copaxone and was not taking the medication. It was documented that the injured worker had relapsing, remitting, multiple sclerosis that appeared stable on the prescribed medication of Copaxone. On 01/14/2014, a Request for Authorization for prefilled syringes of Copaxone for self-injection of medication was requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

COPAXONE 20MG/ML PER FILLED SYRINGES, SC DAILY, 3 BOXES WITH 30 SYRINGES EACH PER 90 DAYS, DURATION INDEFINITE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/24129744

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: RX List.com, An Internet Drug Index <http://www.rxlist.com/copaxone-drug/indications-dosage.htm>

Decision rationale: The requested Copaxone 20 mg/mL per filled syringes, subcutaneous daily, 3 boxes with 30 syringes each per 90 days, duration indefinite is not medically necessary or appropriate. California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this medication. An online resource, rxlist.com, a drug internet index, documents that this medication is used to manage symptoms related to multiple sclerosis. The clinical documentation does indicate that the injured worker is diagnosed with multiple sclerosis; however, there is no recent documentation provided from the treating physician to support that this medication is effectively managing the injured worker's symptoms. The most recent clinical documentation from 06/2013 does not clearly indicate whether the injured worker is taking the medication appropriately. Also, the request as it is submitted is for an indefinite duration. This does not allow for timely reassessment and re-evaluation for efficacy. As such, the requested Copaxone 20 mg/mL per filled syringes, subcutaneous daily, three boxes with 30 syringes each per 90 days, duration indefinite is not medically necessary or appropriate.